

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/588884

8.9.06

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13	1					
14	1					
15		2				
16		2				
17		2				
18		2				
19		2				
20	1					
21	1					
22		2				
23		2				
24		2				
25		2				
26	1					
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28	1					
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50						
TOTAL IND.	10					
TOTAL DEP.	38					
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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